

MAKE MINE MISSISSIPPI REGISTRATION

Company Name:
Contact Person:
Address:
City, Zip:
County:
Tel:Fax:
E-mail:Web Site:
Type of Business (check all that apply) □ Distributor □ Processor □ Producer □ Retailer □ Wholesaler □ Association □ Manufacturer
Product:Brand Name(s) :
Will you utilize the Make Mine Mississippi logo for your products? ☐ Yes ☐ No
Location of processing facility: Location of packaging facility:
Where is the bulk of your business? □ Local □ IN-State □ Regional □ National □ International
Number of Employees: ☐ 1-10 ☐ 10-50 ☐ 50-100 ☐ more than 100
Is your product(s) at least 51% produced, processed, or manufactured in Mississippi? ☐ Yes ☐ No

FAX BACK TO: (601) 354-6001 or MAIL TO: Market Development Division P. O. Box 1609 Jackson, MS 39215-1609